

**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

JOSEPH H. HANDELMAN, 26179

JOHN RICHARDS, 31053

RICHARD J. STREIT, 25765

ALAN K. ROBERTS, 17777

S. DELVALLE GOLDSMITH, 14383

PETER. GALLOWAY, 27885

IAIN C. BAILLIE, 24090

THOMAS F. PETERSON, 24790

RICHARD P. BERG, 28145

JULIAN H. COHEN, 20302

WILLIAM R. EVANS, 25858

JANET I CORD, 33778

CLIFFORD J. MASS, 30086

*(Check the following item, if applicable)*

- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

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SEND CORRESPONDENCE TODIRECT TELEPHONE CALLS TO:  
*(Name and telephone number)*

**Ladas & Parry**  
26 West 61st Street  
New York, N.Y. 10023

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#3

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other document.

## Full name of sole or first inventor

Roe Mitrani  
(Given Name) (Middle Initial or Name) Family (Or Last Name)  
Inventor's signature [Signature]  
Date 13-6-00 Country of Citizenship Israel  
Residence Haifa, Israel  
Post Office Address 58 Berl Street, Haifa 32769, Israel

## Full name of second joint inventor, if any

Lior Horn  
(Given Name) (Middle Initial or Name) Family (Or Last Name)  
Inventor's signature [Signature]  
Date 16/6/00 Country of Citizenship Israel  
Residence Haifa, Israel  
Post Office Address 28 International Street, Haifa 32206, Israel

## Full name of third joint inventor, if any

Uri Keidar  
(Given Name) (Middle Initial or Name) Family (Or Last Name)  
Inventor's signature [Signature]  
Date 16/6/00 Country of Citizenship Israel  
Residence Haifa, Israel  
Post Office Address 17 Hermon Street, Haifa 35026, Israel

#3

*(check proper box(es) for any of the following added page(s)  
that form a part of this declaration)*

☒ **Signature** for fourth and subsequent joint inventors. *Number of pages added* One (1)

\* \* \*

☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* \_\_\_\_\_

\* \* \*

☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* \_\_\_\_\_

\* \* \*

☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

\* \* \*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ *Number of pages added* \_\_\_\_\_

\* \* \*

☐ Authorization of practitioner(s) to accept and follow instructions from representative.

*(If no further pages form a part of this Declaration,  
then end this Declaration with this page and check the following item)*

☐ This declaration ends with this page.

#3

Attorney's Docket No. \_\_\_\_\_

ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS

Full name of fourth joint inventor, if any

Moshe

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Sidi

FAMILY (OR LAST NAME)

Inventor's signature

Date June 7, 2000

Country of Citizenship Israel

Residence Haifa, Israel

Post Office Address 1/2 Haim Hazaz Street, Haifa 34996, Israel

Full name of fifth joint inventor, if any

Israel

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Cidon

FAMILY (OR LAST NAME)

Inventor's signature

Date 7/7/00

Country of Citizenship Israel/U.S.A.

Residence Haifa, Israel

Post Office Address 10 Morad Hayasmin Street, Haifa 34762, Israel

Full name of sixth joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship

Residence

Post Office Address